

Form CPF M 102: Campaign Finance Report Municipal Form BOARD OF ELECTION COMMISSIONERS

Office of Campaign and Political Finance

2013 JAN 22 P 7:23

of Massachusetts	File with: City or Town Clerk or Election Countilision
Fill in Reporting Period dates: Beginning Date: 017	701/2012 Ending Date: 12/31/2012
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election 🛛 year-end report 🔲 dissolution
CHERYL LAPPIN	COMMITTEE TO ELECT CHERYL LAPPIN
Candidate Full Name (if applicable)	Committee Name
WARD 8 ALDERMAN	RICHARD WEISHAUS
Office Sought and District	Name of Committee Treasurer
6 DORCAR RD, CHESTNUT HILL, MA 02467	41 GOODNOUGH RD, CHESTNUT HILL, MA
Residential Address	Commettee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	871.49
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	871.49
Line 4: Total expenditures this period (page 5, line	14) 87.50
Line 5: Ending Balance (line 3 minus line 4)	783.99
Line 6: Total in-kind contributions this period (pag	re 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: CITIZENS BA	NK
Affidavit of Committee Treasurer: cerufy that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co- inance activity of all persons acting under the authority or on behalf of this committee in ac-	ntributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 01/22/2013
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box	only)
Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting p	rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, specific expenditures, disbuscurents, it campaign finance activity of all persons acting under the hulbority or an inchalf of this c	est of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
gued under the penalties of perjury:	(Candidate's signature) Date: 1.77.13

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)		
	N/A				
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ne 9: Total Receipt	ts over \$50 (or listed above)				
	<u> </u>				
ne 10: Total Receip	ots \$50 and under* (not listed above)				
	CONTORO IN THE PERIOD				
ne II: TOTAL RE	ECEIPTS IN THE PERIOD		Enter on page 1, line 2		

SCHEDULE A: RECEIPTS (continued)

None Delta (1) 11					
Name and Residential Address Date Received (alphabetical listing required) Amount		Amount	Occupation & Employer (for contributions of \$200 or more)		
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ine 9: Total Receipt	s over \$50 (or listed above)				
ine 10: Total Receip	ts \$50 and under* (not listed above)				
ine 11: TOTAL RE	CEIPTS IN THE PERIOD		Enter on page 1, line 2		
	(O T: . 10 -1 1	d include only those receipts not itemized above.		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a nage number

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures ove	er \$50 (or listed above)	<u></u>
		BANK CHARGES Line 13: Total Expenditures \$50	and under* (not listed above)	87.50
				02 50
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	87.50

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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- 1				
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	Line 12: Expenditures over \$50 (or listed above)			
	Line 13: Expenditures \$50 and under* (not listed above)			
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS		
		·		
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	N/A			
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	The state of the s			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				